



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

EXPOSURE CONTROL PLAN

Effective Date: April 18, 2016

Policy #: IC-03

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I. PURPOSE:

- A. To establish individual responsibilities to minimize the risk of healthcare workers acquiring bloodborne disease due to occupational exposure.
- B. To comply with OSHA Bloodborne Pathogen Standard.

II. POLICY:

- A. The Occupational Safety and Health Administration ("OSHA") has made a determination that healthcare personnel face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials because they may contain bloodborne pathogens, including Hepatitis B Virus which causes Hepatitis B, a serious liver disease, and Human Immunodeficiency Virus, the causative agent for AIDS.
- B. The HIV and Hepatitis B Viruses have similar modes of transmission, either by sexual contact or contact with the blood of an infected person.
- C. The main risk to workers is from sharp injuries resulting when blood contaminated sharp objects penetrate the tissues. Blood from a positive source can also be a risk when it enters the body via open wounds, cuts, and by splashing in the face, eyes and mouth, though this is a much lower risk.
- D. Because the infectious status of patients is often unknown, healthcare workers are to observe precautions when dealing with all patient body materials all of the time. Most important is the avoidance of blood contaminated penetrating injuries from sharp needles and knives, etc. The use of Standard Precautions is therefore to be practiced in all circumstances. (See the Standard Precautions Policy).

III. DEFINITIONS:

- A. Standard Precautions - the routine and consistent use of appropriate barrier protection to prevent skin and mucous membrane transmission of microorganisms resulting from contact with blood and body fluids, and as part of the practice of general hygiene. All human blood

and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

B. Bloodborne Pathogens - means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

C. Other potentially infectious materials means:

amniotic fluid	pleural fluid
body tissue	saliva (in dental procedures)
cerebrospinal fluid	semen
organs from a human	synovial fluid
pericardial fluid	vaginal secretions
peritoneal fluid	

Any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. **HIV** - containing cell or tissue cultures, organ cultures and **HIV** or **HBV** containing culture medium or other solutions.

D. Contaminated - means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

E. Contaminated Laundry - means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

F. Contaminated Sharps - means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.

G. Decontamination - means the physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

H. Engineering Controls - means controls (e.g., sharps disposal containers) that isolate or remove the bloodborne pathogens hazard from the work place.

- I. Exposure Incident - means a specific eye, mouth, other mucous membrane, non-intact or parenteral contact with blood or other potentially infectious materials that result from the performance of a staff member's duties.
- J. Occupational Exposure - means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of a staff member's duties.
- K. Parenteral - means piercing mucous membrane or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
- L. Personal Protective Equipment - is specialized clothing or equipment worn by personnel for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.
- M. Regulated Waste - means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infected materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious waste materials.
- N. Source Individual - means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to personnel.
- O. Sterilize - means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- P. Work Practice Controls - means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles, providing safe delivery devices to staff).
- Q. **TASKS AND PROCEDURES IN WHICH OCCUPATIONAL EXPOSURE OCCURS:**
 - 1. Venipuncture/capillary sampling
 - 2. Lab procedures
 - 3. Suturing
 - 4. Wound care
 - 5. Dental procedures

6. Physical exams (pelvic, rectal)
7. Minor surgical procedures
8. Administering medications
9. Optometry exams and procedures
10. Toileting/Pericare
11. Showering/bathing
12. Oral hygiene
13. Feeding
14. Catheter care/Ostomy care
15. Excrement care
16. Changing and care of bed linens
17. Collection and transport of specimens
18. Hair cuts and shaves
19. Direct contact with patients who may be unpredictable/violent
20. Admission procedure with patients who may be unpredictable/violent
21. Physical interventions with patients who may be violent/unpredictable
22. Application of mechanical restraints
23. Recreational activities

IV. RESPONSIBILITIES:

- A. The hospital will provide appropriate types and supplies of protective equipment (that is: gloves, goggles, masks, gowns, etc.). Protective equipment includes ventilation devices for CPR. Ensure that personnel use appropriate personal protective equipment. (See the Personal Protective Equipment Policy).
- B. The hospital will assure that personnel, students and volunteers affiliated with the hospital receive education and training in hospital Standard Precautions and infection prevention and control policies and procedures that are specific to their responsibilities prior to assuming these responsibilities and on an annual basis (See Standard Precautions policy).
- C. Hospital personnel will wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- D. Hospital personnel will wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- E. The hospital will monitor and document individual compliance with the practice of hospital Standard Precautions and infection control policies and procedures in a fair and equitable manner.

- F. The hospital will include compliance with hospital Standard Precautions and infection prevention and control policies and procedures as part of each staff member's performance evaluation.
- G. The hospital will provide appropriate retraining and progressive discipline, if necessary, to individuals who fail to comply with department procedures for Standard Precautions and infection prevention and control.
- H. The hospital will submit an incident report for all instances where an individual's technique is not consistent with hospital Standard Precautions and infection prevention and control policies and procedures.
- I. The hospital will ensure that a copy of the Exposure Control Plan is accessible to personnel and to the healthcare professional evaluating a staff member after an exposed incident.
- J. Each individual shall:
 - 1. Understand the principles of hospital Standard Precautions and infection prevention and control policies and procedures, with specific knowledge of the tasks that they may assume. Know what tasks they perform that may have occupational exposure.
 - 2. Routinely apply the practices of hospital Standard Precautions and infection prevention and control policies and procedures to each task they perform. This includes the appropriate use of personal protective equipment.
 - 3. Report incidents to their supervisor of actual exposure to blood or body fluids.
 - 4. Report incidents to their supervisor when other individuals are noncompliant with Standard Precautions and infection prevention and control practices.
 - 5. Attend the bloodborne pathogens educational sessions annually in orientation/update, and as needed.

V. PROCEDURES:

- A. Standard Precautions are observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

- B. Engineering and Work Practice Controls - used to eliminate or minimize staff member exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. The following engineering/work practice controls are used throughout the facility:
1. Handwashing facilities (or antiseptic hand cleansers and towels or antiseptic Towelettes), which are readily accessible to all staff members who have potential for exposure.
 2. Containers for contaminated reusable sharps which are puncture-resistant labeled with a biohazard warning and leak-proof on sides and bottom.
 3. Specimen containers and secondary containers are leak-proof, labeled with a biohazard warning and puncture-resistant, when necessary.
 4. Handwashing.
 5. Contaminated needles or sharps are not bent or recapped.
 6. Eating, drinking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
 7. Food and drink is not kept in refrigerators, freezers, on counter tops or in other storage areas when blood or potentially infectious fluids are present.
 8. Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
 9. All procedures involving blood or other infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these materials.
 10. Following any contact of body areas with blood or any other infectious materials, staff members wash their hands or any other exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water.
 11. If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and storage. (If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well. All specimen containers used for shipping will have biohazard warning label attached).

12. Equipment which becomes contaminated is examined prior to servicing or shipping, and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
 - a. An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.
 - b. Information regarding the remaining contamination is conveyed to all affected personnel, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.
13. Contaminated instruments shall be cleaned and bagged before being returned to Central Supply.

C. PERSONAL PROTECTIVE EQUIPMENT

1. Personal protective equipment is the “last line of defense” against bloodborne pathogens. Because of this, the Hospital provides (at no cost to our personnel) the personal protective equipment that they need to protect themselves against such exposure. This equipment includes, but is not limited to:
 - a. Hospital approved disposable gloves
 - b. Face shields/masks
 - c. Goggles
 - d. Resuscitation bags
 - e. Gowns
 - f. Safety Glasses
 - g. Mouthpieces
 - h. CPR Masks or Auba Bags
2. Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.
3. All personal protective equipment is removed prior to leaving a work area.
4. Gloves are worn in the following circumstances:
 - a. Whenever staff members anticipate hand contact with potentially infectious materials.
 - b. When handling or touching contaminated items or surfaces.

5. Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an “exposure barrier.”
6. Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of.
7. Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.
8. Protective clothing (such as gowns and aprons) is worn whenever potential exposure to the body is anticipated.
9. More detailed information is available in the Personal Protective Equipment policy.

D. HOUSEKEEPING:

1. Soiled linen shall be placed in impervious hazardous/contaminated plastic bags and sealed prior to removal.
2. Biohazardous waste will be placed in biohazardous waste bags and placed in the infectious waste collecting barrels.
3. Blood or body fluids may be emptied into the sanitary sewer after decontamination using precautions to avoid splashing or spattering.
4. All pails, bins, cans and other receptacles intended for use are routinely inspected, cleaned and decontaminated with hospital grade disinfectant as soon as possible, if visibly contaminated.
5. Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.).
6. Contaminated reusable sharps are stored in containers that do not require “hand processing.”
7. Equipment and working surfaces will be cleaned and disinfected with hospital grade disinfectant after contact with blood or other potentially infectious materials.
8. Post-Exposure Evaluation and Follow-up:
 - a. See Management of an Employee with Occupational Exposure to a Bloodborne Pathogen Policy.

E. BIOHAZARD LABELS:

The following are labeled with biohazardous labels:

1. Containers of regulated waste.
2. Refrigerators/freezers containing blood or potentially infectious materials.
3. Sharps disposal containers.

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4. Containers used to store, transport or ship blood or other infectious materials.
5. Contaminated equipment.

- VI. REFERENCES:** A Surveillance, Prevention and Control of Infection Policy and Procedure Manual - Medical Consultants Network, Inc.; Standard Precautions Policy.
- VII. COLLABORATED WITH:** Infection Control Committee, Safety Officer, Housekeeping Department, and Human Resources.
- VIII. RESCISSIONS:** #IC-03, *Exposure Control Plan* dated May 18, 2010; #IC-03, *Exposure Control Plan* dated October 30, 2006; #IC-03, *Exposure Control Plan* dated December 18, 2002; # IC-03, *Exposure Control Plan* dated February 14, 2000.
- IX. DISTRIBUTION:** All Hospital Policy Manuals, Exposure Control Plan Manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Infection Preventionist
- XII. ATTACHMENTS:** None

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director